## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH **M63-043599** STATE FILE NUMBER Registration District No. \_ 128 Primary Registration District No. 200 b DO NOT WRITE AMENDED <del>▀▐▐▗▀▀</del>▔<u>▐▜▜</u> ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY VS 300 a. STATE **b.** COUNTY admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR 10 Shringfield TOWN Yeş,🗀 No 🛘 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET Reside on Farm ļw HOSPITAL OR DAT INSTITUTION Yes 🚺 No 🗌 Stewart Int. Vernon <u>Motor</u> Yes 🗌 No 📮 2339 3. NAME OF DECEASED Lasi DATE Day Year (Type or print) OF William DEATH 3 | 963 9. AGE (last birthday) 0 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH IF UNDER 24 HR 5. SEX Months Hours Widowed 🗀 Days Divorced [] Male White 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Justing most of working life, even if retired) I 13b. MOTHER'S MATTEN NAME 14. NAME OF HUSBARDER 13a. FATHER'S NAME MAR PARKS Janes Sullard luanita 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), **DOCUMENT** PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 CORD Presumed to be natural causes IMMEDIATE CAUSE (a) ö 11 NSTEAD Conditions, if any, DUE TO (b) which gave rise to UNATTENDED BY A PHYSICIAM above cause (a), Ξ stating the underlying cause last. DUE TO (c) ŏ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III, If deceased This person was making application for a job and suddenly "stiffened out" and turned blue. \_\_ Die there a pregnancy in last 90 days. **AMENDMENTS** □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO | Month, Day, Year 20c. TIME OF Hou RIBBON INJURY a.m. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.) COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK | *IYPEWRITER* REA 21. I attended the deceased from Approx. 5:30 PM. \_m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS 능 22a. SIGNATURE 1/23c. NAME OF CEMETERY OR CREMATORY

23a. BURIAL, CREMATION,

BULL OIL (Specify)

24. FUNERAL DIRECTOR

AFFIDA

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TEM

23b. DATE

Springfield hissouri (Licensed Embalmer's Statement on Reverse Side)

23d. LOCATION (City, town, or county)

Springfield,

(State)

**E**961 & 108**93** 

12-4-63

## STATEMENT BY LICENSED EMBALMER

or by	_ <del></del>	, Student Embalmer No
working	under my personal supervision.	Signed Nonavon Cahi.
Student_	Signature of Student Embalm	
	Signatore of Stodent Empairi	Licensed Embalmer No. 51.59
		P. O. Address Shringfield, Mo.

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.